

## Alaska Medicaid Interim Prior Authorization List

Last Updated 6/26/2013

Medication	Date Added	Date Removed	Additional Notes
Vivitrol®		11/19/2010	PA requirement removed prior to implementation
Buprenorphine Powder	2/23/2011		Active Pharmaceutical Ingredient (API) not covered
Codeine Phosphate Powder	2/23/2011		Active Pharmaceutical Ingredient (API) not covered
Fentanyl Base Powder	2/23/2011		Active Pharmaceutical Ingredient (API) not covered
Fentanyl Citrate Powder	2/23/2011		Active Pharmaceutical Ingredient (API) not covered
Hydrocodone Bitartrate Powder	2/23/2011		Active Pharmaceutical Ingredient (API) not covered
Hydromorphone Powder	2/23/2011		Active Pharmaceutical Ingredient (API) not covered
Methadone Powder	2/23/2011		Active Pharmaceutical Ingredient (API) not covered
Minoxidil Powder	2/23/2011		Active Pharmaceutical Ingredient (API) not covered
Morphine Sulfate Powder	2/23/2011		Active Pharmaceutical Ingredient (API) not covered
Naltrexone Powder	2/23/2011		Active Pharmaceutical Ingredient (API) not covered
Oxycodone Powder	2/23/2011		Active Pharmaceutical Ingredient (API) not covered
Sildenafil Citrate Powder	2/23/2011		Active Pharmaceutical Ingredient (API) not covered
Sufentanyl Powder	2/23/2011		Active Pharmaceutical Ingredient (API) not covered
Butrans™	2/9/2011		Class 2: at least 2 previously failed therapies required
Gablofen	2/9/2011	9/28/2011	Class 1: at least 1 previously failed therapy required
Zolpimist™	2/9/2011		Class 2: at least 2 previously failed therapies required
Nexiclon™ XR	2/9/2011		Class 2: at least 2 previously failed therapies required
Latuda®	2/9/2011	7/20/2012	Class 1: at least 1 previously failed therapy required
Safyral™	2/9/2011	9/28/2011	Class 2: at least 2 previously failed therapies required
Statin step-edit	5/18/2011		Step-edit required; see <a href="http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx">http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx</a> for details.
Proton Pump Inhibitor step-edit	5/18/2011		Step-edit required; see <a href="http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx">http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx</a> for details.
Amturide (all strengths)	2/9/2011	12/2/2012	Class 2: at least 2 previously failed therapies required
Hectorol Injection	2/9/2011	9/28/2011	Class 2: at least 2 previously failed therapies required
Natroba 0.9%	2/9/2011		Class 1: at least 1 previously failed therapy required
Fortesta	2/16/2011	12/2/2012	Class 2: at least 2 previously failed therapies required
Nexa Select PNV	2/16/2011	9/28/2011	Class 2: at least 2 previously failed therapies required
Opium Tincture 10mg/mL (Paddock)	2/16/2011		Class 2: at least 2 previously failed therapies required
Nestabs DHA combo pack	2/16/2011	9/28/2011	Class 2: at least 2 previously failed therapies required
Acanya Gel Pump	2/16/2011		Class 2: at least 2 previously failed therapies required
Auralgan Otic (GSN 48556, 8112, 64389)	2/17/2011		Drug Not Covered - DESI or IRS drugs not covered
Abstral (all strengths)	3/2/2011		Class 2: at least 2 previously failed therapies required
Hydrocortisone/Pramoxine (GSN 67048)	3/2/2011		Drug Not Covered - DESI or IRS drugs not covered
Belladonna/Phenobarbital (GSN 4777)	3/2/2011		Drug Not Covered - DESI or IRS drugs not covered
Chorionic Gonadotropin Powder	3/2/2011		Active Pharmaceutical Ingredient (API) not covered
Escavite Chewable Tablet	3/2/2011	9/28/2011	Class 2: at least 2 previously failed therapies required

## New Product Prior Authorization Criteria

Class 1 requires treatment failure with at least 1 prior therapy  
Class 2 requires treatment failure with at least 2 prior therapies

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Medication	Date Added	Date Removed	Additional Notes
Nephrocaps QT Tablet	3/2/2011	9/28/2011	Class 2: at least 2 previously failed therapies required
Aluvea Cream (all strengths)	3/23/2011		Class 2: at least 2 previously failed therapies required
Citranatal Harmony	3/23/2011	9/28/2011	Class 2: at least 2 previously failed therapies required
Edarbi (all strengths)	3/23/2011	12/2/2012	Class 1: at least 1 previously failed therapy required
Clindacin PAC	3/23/2011	12/2/2012	Class 2: at least 2 previously failed therapies required
Benlysta	3/23/2011		Class 1: at least 1 previously failed therapy required
Zanaflex Capsules (all strengths)	4/6/2011		PA required; see <a href="http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx">http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx</a> for details.
Folic Acid 1mg	4/6/2011		PA required; see <a href="http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx">http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx</a> for details.
Vitamin D 50,000 units	4/6/2011		PA required; see <a href="http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx">http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx</a> for details.
Lidoderm Patches	4/27/2011		PA required; see <a href="http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx">http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx</a> for details.
Makena	4/27/2011		PA required; see <a href="http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx">http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx</a> for details.
Pradaxa	4/27/2011		PA required; see <a href="http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx">http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx</a> for details.
Alsuma	4/13/2011	12/2/2012	Class 2: at least 2 previously failed therapies required
Virasal	4/13/2011	11/30/2011	Class 2: at least 2 previously failed therapies required
Axiron	4/13/2011	12/2/2012	Class 2: at least 2 previously failed therapies required
Tropazone cream (combination #57)	4/13/2011		Class 2: at least 2 previously failed therapies required
Corifact	4/13/2011	11/30/2011	Class 1: at least 1 previously failed therapy required
Nebusal	4/13/2011	11/30/2011	Class 2: at least 2 previously failed therapies required
Yervoy	4/13/2011	11/30/2011	Class 1: at least 1 previously failed therapy required
Bactroban Cream (15g and 30g)	5/25/2011		PA required; see <a href="http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx">http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx</a> for details.
Botulinum Toxin products	5/25/2011		PA required; see <a href="http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx">http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx</a> for details.
Sylatron	5/6/2011	12/2/2012	Class 1: at least 1 previously failed therapy required
Taron-Duo EC	5/6/2011	11/30/2011	Class 2: at least 2 previously failed therapies required
Neevo Combo Pack	5/6/2011	11/30/2011	Class 2: at least 2 previously failed therapies required
Setonet-EC	5/6/2011	11/30/2011	Class 2: at least 2 previously failed therapies required
Human Chorionic Gonadotropin products	5/6/2011		PA required; see <a href="http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx">http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx</a> for details.
EZFE Forte	5/6/2011	11/30/2011	Class 2: at least 2 previously failed therapies required
PROFE Forte	5/6/2011	11/30/2011	Class 2: at least 2 previously failed therapies required
Horizant	5/18/2011		Class 1: at least 1 previously failed therapy required
Tradjenta	5/18/2011	12/2/2012	Class 1: at least 1 previously failed therapy required
Zytiga	5/18/2011		Class 1: at least 1 previously failed therapy required
Androgel 1.62% gel pump	5/18/2011	12/2/2012	Class 2: at least 2 previously failed therapies required
Daliresp	5/18/2011	12/2/2012	Class 1: at least 1 previously failed therapy required
Morgidox	5/18/2011		Class 2: at least 2 previously failed therapies required
Durasal 26% Liquid	6/3/2011		Class 2: at least 2 previously failed therapies required
Victrelis	6/3/2011		PA required; see <a href="http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx">http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx</a> for details.

**New Product Prior Authorization Criteria**  
**Class 1 requires treatment failure with at least 1 prior therapy**  
**Class 2 requires treatment failure with at least 2 prior therapies**

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Medication	Date Added	Date Removed	Additional Notes
Viiibryd	6/15/2011	12/2/2012	Class 1: at least 1 previously failed therapy required
Sprix	6/15/2011	12/2/2012	Class 2: at least 2 previously failed therapies required
Genadur	6/15/2011	6/2012 Not Rebate Eligible	Class 1: at least 1 previously failed therapy required
Incivek	6/15/2011		PA required; see <a href="http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx">http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx</a> for details.
Mononine	6/15/2011	2/1/2012	Class 1: at least 1 previously failed therapy required
Ciclodan Kit	6/15/2011	12/2/2012	Class 2: at least 2 previously failed therapies required
Desonil	7/1/2011	12/2/2012	Class 2: at least 2 previously failed therapies required
Vitafol-One	7/1/2011	2/1/2012	Class 2: at least 2 previously failed therapies required
Phoslyra	7/1/2011	12/2/2012	Class 2: at least 2 previously failed therapies required
Dificid	7/1/2011	12/2/2012	Class 1: at least 1 previously failed therapy required
Naproderm	7/18/2011	12/2/2012	Class 2: at least 2 previously failed therapies required
Nulojix	7/18/2011	2/1/2012	Class 1: at least 1 previously failed therapy required
OB Complete 400	7/18/2011	2/1/2012	Class 2: at least 2 previously failed therapies required
Xarelto	8/3/2011	Moved to PA-List 6/19/2013	<a href="http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx">PA Required See website - http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx</a>
Arzerra	8/3/2011	2/29/2012	Class 1: at least 1 previously failed therapy required
Flo-Pred	8/3/2011	2/29/2012	Class 2: at least 2 previously failed therapies required
Complera	8/24/2011	3/28/2012	Class 1: at least 1 previously failed therapy required
Purefe Plus	8/24/2011	3/28/2012	Class 2: at least 2 previously failed therapies required
Purefe OB Plus	8/24/2011	3/28/2012	Class 2: at least 2 previously failed therapies required
Arcapta Neohaler	8/24/2011	12/2/2012	Class 1: at least 1 previously failed therapy required
Sumadan	8/24/2011	12/2/2012	Class 2: at least 2 previously failed therapies required
OB Complete with DHA	8/24/2011	3/28/2012	Class 2: at least 2 previously failed therapies required
Edurant	9/8/2011	3/28/2012	Class 1: at least 1 previously failed therapy required
Adcetris	9/8/2011	3/28/2012	Class 1: at least 1 previously failed therapy required
Conzip ER	9/8/2011	12/2/2012	Class 2: at least 2 previously failed therapies required
Firazyr	9/8/2011		PA required; see <a href="http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx">http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx</a> for details.
Gralise	9/8/2011		Class 2: at least 2 previously failed therapies required
Lotemax Ointment	9/8/2011		Class 2: at least 2 previously failed therapies required
Zelboraf	9/8/2011		Class 1: at least 1 previously failed therapy required
Hylatopic Plus	9/8/2011		Class 2: at least 2 previously failed therapies required
Xyntha Solofuse	9/28/2011	5/2/2012	Class 1: at least 1 previously failed therapy required
Nucynta ER	9/28/2011		Class 2: at least 2 previously failed therapies required
Xalkori	9/28/2011		Class 1: at least 1 previously failed therapy required
Sonafine Topical Emulsion	9/28/2011		Class 2: at least 2 previously failed therapies required
Rosadan	9/28/2011		Class 2: at least 2 previously failed therapies required
ANIMI-3 with Vitamin D	9/28/2011		Class 2: at least 2 previously failed therapies required

## New Product Prior Authorization Criteria

Class 1 requires treatment failure with at least 1 prior therapy  
Class 2 requires treatment failure with at least 2 prior therapies

## Alaska Medicaid Interim Prior Authorization List

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Medication	Date Added	Date Removed	Additional Notes
Lovaza	11/1/2011		PA required; see <a href="http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx">http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx</a> for details.
Duexis	11/2/2011		Class 1: at least 1 previously failed therapy required
Cyanokit	11/2/2011	10/24/2012	Class 1: at least 1 previously failed therapy required
Lazanda	11/2/2011		Class 2: at least 2 previously failed therapies required
Neosalus Lotion	11/2/2011		Class 2: at least 2 previously failed therapies required
Juvisync	11/2/2011	12/12/2012	Class 1: at least 1 previously failed therapy required
TL-Assure + DHA combo Pack	11/2/2011	10/24/2012	Class 2: at least 2 previously failed therapies required
Lorzone	11/9/2011		Class 2: at least 2 previously failed therapies required
Lycelle	11/9/2011		Class 2: at least 2 previously failed therapies required
Hylatopic Plus Cream	11/9/2011		Class 2: at least 2 previously failed therapies required
Androderm	11/23/2011	12/12/2012	Class 2: at least 2 previously failed therapies required
Nitromist	11/23/2011	10/24/2012	Class 1: at least 1 previously failed therapy required
Lamictal	11/23/2011	12/12/2012	Class 2: at least 2 previously failed therapy required
Dologesic	11/23/2011		Class 2: at least 2 previously failed therapies required
Leukine	11/23/2011		Class 2: at least 2 previously failed therapies required
Terbinex Kit	11/23/2011		Class 2: at least 2 previously failed therapy required
Texacort	11/23/2011	12/12/2012	Class 2: at least 2 previously failed therapies required
Xarelto	11/23/2011	Moved to PA-List 6/19/2013	<a href="http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx">PA Required See website - http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx</a>
Fluoxetine HCL 60mg Tablet	11/23/2011	12/12/2012	Class 2: at least 2 previously failed therapy required
Cialis 5mg	1/4/2012		PA required; see <a href="http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx">http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx</a> for details.
Egrifta	1/4/2012		PA required; see <a href="http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx">http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx</a> for details.
Lamictal XR 300mg	12/21/2011	12/12/2012	Class 2: at least 2 previously failed therapies required
Kapvay ER 0.1mg	12/21/2011		Class 2: at least 2 previously failed therapies required
Jakafi (5mg-25mg)	12/21/2011		Class 2: at least 2 previously failed therapy required
TL-Cermide, Epiceram	12/21/2011		Class 2: at least 2 previously failed therapies required
Sumaxin CP kit	1/4/2012	12/12/2012	Class 2: at least 2 previously failed therapies required
Sumadan kit	1/4/2012	12/12/2012	Class 2: at least 2 previously failed therapy required
Onfi 5mg,10mg,20mg	1/4/2012	Moved to PA-List 5/8/2013	<a href="http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx">PA Required See website - http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx</a>
Brilinta 90mg	1/4/2012		Class 1: at least 1 previously failed therapy required
Edarbyclor 40-12.5mg, 40-25mg	2/1/2012	12/12/2012	Class 2: at least 2 previously failed therapy required
Dutoprol 25-12.5,50-12.5,100-12.5mg	2/1/2012	12/12/2012	Class 2: at least 2 previously failed therapy required
Vancocin	3/1/2012		PA required; see <a href="http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx">http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx</a> for details.
Xifaxan	3/1/2012		PA required; see <a href="http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx">http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx</a> for details.
Zyvox	3/1/2012		PA required; see <a href="http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx">http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx</a> for details.
Atrapro Hydrogel and Dermal Spray	2/29/2012		Class 2: at least 2 previously failed therapy required
Oxecta 7.5mg	2/29/2012	Moved to Oxy-IR PA Criteria	PA required; see <a href="http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx">http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx</a> for details.

New Product Prior Authorization Criteria

Class 1 requires treatment failure with at least 1 prior therapy  
Class 2 requires treatment failure with at least 2 prior therapies

## Alaska Medicaid Interim Prior Authorization List

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Medication	Date Added	Date Removed	Additional Notes
Aurstat	2/29/2012		Class 2: at least 2 previously failed therapy required
Rectiv	2/29/2012		Class 2: at least 2 previously failed therapy required
Jentaduo 2.5/1000,2.5/850,2.5/500	2/29/2012	12/12/2012	Class 1: at least 1 previously failed therapy required
Erivedge	2/29/2012	10/24/2012	Class 2: at least 2 previously failed therapy required
Hylase Wound Gel	2/29/2012	7/2012 Not Rebate Eligible	Class 2: at least 2 previously failed therapy required
Kalydeco 150mg	2/29/2012	Moved to PA-List 5/8/2013	PA Required See website - <a href="http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx">http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx</a>
Inlyta 1mg and 5mg	2/29/2012	10/24/2012	Class 1: at least 1 previously failed therapy required
Bydureon	2/29/2012	12/12/2012	Class 1: at least 1 previously failed therapy required
Keflex 750mg	2/29/2012		Class 2: at least 2 previously failed therapy required
Janumet XR 50-500,50-1000,100-1000	3/14/2012	12/12/2012	Class 2: at least 2 previously failed therapy required
Zithranol 1% Shampoo	3/14/2012		Class 2: at least 2 previously failed therapy required
Naftin 2% Cream	3/14/2012		Class 2: at least 2 previously failed therapy required
Zyclara 3.75% Pump	3/14/2012	10/24/2012	Class 2: at least 2 previously failed therapy required
Picato 0.05% and 0.015% Gel	3/14/2012		Class 1: at least 1 previously failed therapy required
Zioptan 0.0015% Eye Drops	3/14/2012		Class 1: at least 1 previously failed therapy required
Tramadol Hcl 150mg Capsules	3/28/2012		Class 2: at least 2 previously failed therapy required
Subsys 100mcg,200mcg,400mcg,600mcg,800mcg,1200mcg,1600mcg	3/28/2012	Moved to PA-List 5/8/2013	PA Required See website - <a href="http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx">http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx</a>
Intermezzo 1.75mg and 3.5mg	4/18/2012		Class 2: at least 2 previously failed therapy required
Orbivan CF	4/18/2012		Class 2: at least 2 previously failed therapy required
Aqua Glycolic HC 2% Kit	4/18/2012		Class 2: at least 2 previously failed therapy required
QNASL 80mcg Nasal Spray	4/18/2012		Class 2: at least 2 previously failed therapy required
Omontys 10mg/mL	4/18/2012	12/12/2012	Class 2: at least 2 previously failed therapy required
Korlym 300mg	4/18/2012	Moved to PA-List 5/8/2013	PA Required See website - <a href="http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx">http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx</a>
Lidovir 4% - 4% Ointment Kit	5/2/2012	The FDA has not approved LidoVir Ointment to cure, treat, or mitigate disease. 10/2012	Class 1: at least 1 previously failed therapy required
Potiga 50mg,200mg,300mg,400mg	5/2/2012		Class 1: at least 1 previously failed therapy required
Naltrexone Oral Tablets		5/9/2012	Removed from Prior Authorization
Beriner 500 Unit Kit	5/23/2012	Moved to PA-List 6/19/2013	PA Required See website - <a href="http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx">http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx</a>
Differin Gel Pump 0.3%	5/23/2012	2/20/2013	Class 2: at least 2 previously failed therapy required
Metrogel 1% Topical Pump	5/23/2012	2/20/2013	Class 2: at least 2 previously failed therapy required
Epiduo Gel with Pump	5/23/2012	2/20/2013	Class 2: at least 2 previously failed therapy required
Gelnique 3% Gel Pump	5/23/2012	2/20/2013	Class 2: at least 2 previously failed therapy required
Brand Name Multisource Medications	5/30/2012		PA required; see <a href="http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx">http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx</a> for details.
Atypical Antipsychotics (TD and PA)	6/13/2012		PA required; see <a href="http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx">http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx</a> for details.
Elelyso	6/20/2012	2/20/2013	Class 1: at least 1 previously failed therapy required
Omeclamox-PAK	6/20/2012	See H.Pylori KITS PA	PA Required See website - <a href="http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx">http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx</a>

New Product Prior Authorization Criteria

Class 1 requires treatment failure with at least 1 prior therapy  
Class 2 requires treatment failure with at least 2 prior therapies

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Last Updated 6/26/2013

Medication	Date Added	Date Removed	Additional Notes
Sorilux Foam	6/20/2012		Class 2: at least 2 previously failed therapy required
Clarinet (All forms)	6/27/2012		Step-Edit Required; see <a href="http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx">http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx</a> for details.
Xyzal (All forms)	6/27/2012		Step-Edit Required; see <a href="http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx">http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx</a> for details.
Dymista Spray	7/20/2012		Class 2: at least 2 previously failed therapy required
Zetonna Nasal Spray	7/20/2012		Class 2: at least 2 previously failed therapy required
Hecoria 0.5mg, 1mg, 5mg	7/20/2012		Class 1: at least 1 previously failed therapy required
Codeine Sulf 30mg/5mL Oral	7/20/2012	4/24/2013	Class 2: at least 2 previously failed therapy required
Sklice 0.5% Lotion	7/20/2012		Class 2: at least 2 previously failed therapy required
Pertzye DR 8,000 and 16,000	7/20/2012	4/24/2013	Class 1: at least 1 previously failed therapy required
Combivent Respimat	7/20/2012	4/24/2013	Class 1: at least 1 previously failed therapy required
Angeliq 0.5 - 0.25mg	7/20/2012	4/24/2013	Class 2: at least 2 previously failed therapy required
Ketodan 2% Foam	7/20/2012	4/24/2013	Class 2: at least 2 previously failed therapy required
Normigel AG 0.11% Wound Gel	8/17/2012	10/2012 Not Rebate Eligible	Class 2: at least 2 previously failed therapy required
Ciclodan 0.77% Cream Kit	8/17/2012		Class 2: at least 2 previously failed therapy required
Ketodan 2% Foam Kit	8/17/2012	4/24/2013	Class 2: at least 2 previously failed therapy required
Ultravate X Ointment combo	8/17/2012		Class 2: at least 2 previously failed therapy required
Ultravate X Cream combo	8/17/2012		Class 2: at least 2 previously failed therapy required
Benzepro 5.3% and 9.8% emol-foam	8/17/2012	4/24/2013	Class 2: at least 2 previously failed therapy required
Neosalus CP Cream	8/17/2012		Class 2: at least 2 previously failed therapy required
Glumetza ER 1000mg	8/17/2012		Class 2: at least 2 previously failed therapy required
Viokace 10 and 20	9/21/2012		Class 1: at least 1 previously failed therapy required
Zyclara 2.5% Pump	9/21/2012	5/22/2013	Class 2: at least 2 previously failed therapy required
Binosto 70mg EFF	9/21/2012		Class 2: at least 2 previously failed therapy required
Kapvay Dose Pack	9/21/2012		Class 2: at least 2 previously failed therapy required
Reprexain 2.5/200, 5/200, 10/200	9/21/2012		Class 2: at least 2 previously failed therapy required
Kadian 40mg, 70mg, 130mg, 150mg	9/21/2012	7/3/2013 - see new edit	Class 2: at least 2 previously failed therapy required
Exalgo ER 32mg	9/21/2012	7/3/2013 - see new edit	Class 2: at least 2 previously failed therapy required
Nexium DR 2.5mg, 5mg Packet	9/21/2012	7/3/2013 - see new edit	Class 1: at least 1 previously failed therapy required
Tudorza Pressair 400mcg Inh	9/21/2012		Class 1: at least 1 previously failed therapy required
Gabapentin 250mg/cup, 300mg/6ML	9/21/2012		Class 2: at least 2 previously failed therapy required
Myrbetriq ER 25mg and 50mg	9/21/2012		Class 1: at least 1 previously failed therapy required
Stribild	9/21/2012	5/22/2013	Class 1: at least 1 previously failed therapy required
Forfivo XL 450mg	9/21/2012		Class 2: at least 2 previously failed therapy required
Zaltrap 100mg and 200mg Vial	9/21/2012	5/22/2013	Class 1: at least 1 previously failed therapy required
Lucentis 0.3mg Vial	9/21/2012	5/22/2013	Class 1: at least 1 previously failed therapy required
Rayos DR 1mg, 2mg, 5mg	10/24/2012		Class 2: at least 2 previously failed therapy required

## New Product Prior Authorization Criteria

Class 1 requires treatment failure with at least 1 prior therapy  
Class 2 requires treatment failure with at least 2 prior therapies

## Alaska Medicaid Interim Prior Authorization List

Last Updated 6/26/2013

Medication	Date Added	Date Removed	Additional Notes
Xtandi 40mg	10/24/2012		Class 1: at least 1 previously failed therapy required
Lyrica 20mg/mL oral sol	10/24/2012		Class 2: at least 2 previously failed therapy required
Bosulif 100mg, 500mg	10/24/2012		Class 1: at least 1 previously failed therapy required
Synalar TS 0.01% kit	10/24/2012		Class 2: at least 2 previously failed therapy required
Prepopik powder packet	10/24/2012		Class 1: at least 1 previously failed therapy required
Aubagio 7mg and 14mg	10/24/2012		Class 1: at least 1 previously failed therapy required
Stivarga 40mg	10/24/2012		Class 1: at least 1 previously failed therapy required
Ultresa DR 13,800 unit, 20,700 unit, 23,000unit	12/12/2012		Class 1: at least 1 previously failed therapy required
Xeljanz 5mg	12/12/2012		Class 1: at least 1 previously failed therapy required
Linzees 145mcg and 290mcg	12/12/2012		Class 1: at least 1 previously failed therapy required
Omnel 200mg	1/16/2013		Class 2: at least 2 previously failed therapy required
Synalar 0.025% Crm & Oint Kit	1/16/2013		Class 2: at least 2 previously failed therapy required
Ilevro 0.3% drops	1/16/2013		Class 1: at least 1 previously failed therapy required
Vascepa 1 GM	1/16/2013		Class 2: at least 2 previously failed therapy required
Giazo 1.1 GM	1/16/2013		Class 2: at least 2 previously failed therapy required
Iclusig 15mg and 45 mg	1/16/2013		Class 1: at least 1 previously failed therapy required
Lotemax 0.5% Oph Gel	1/16/2013		Class 2: at least 2 previously failed therapy required
Oxtellar XR 150mg,300mg,600mg	1/16/2013		Class 2: at least 2 previously failed therapy required
Opana ER 5,7.5,10,15,20,30,40mg NEW	1/16/2013	7/3/2013 - see new edit	Class 1: at least 1 previously failed therapy required
Quantity Limit with No History Edit	2/15/2013		<a href="http://medicaidalaska.com/dnld/Pharmacy_Program_Changes_and_Update_Nov_2012.pdf">http://medicaidalaska.com/dnld/Pharmacy_Program_Changes_and_Update_Nov_2012.pdf</a>
Eliquis 2.5mg and 5mg	2/20/2013		Class 1: at least 1 previously failed therapy required
Quillivant XR 25mg/5mL Susp	2/20/2013		Class 2: at least 2 previously failed therapy required
Cometriq 60mg,100mg,140mg	2/20/2013		Class 1: at least 1 previously failed therapy required
Juxtapid 5mg,10mg,20mg	2/20/2013		Class 1: at least 1 previously failed therapy required
Gattex 5mg KIT	2/20/2013		Class 1: at least 1 previously failed therapy required
Nesina 6.25mg, 12.5mg & 25mg	2/20/2013		Class 1: at least 1 previously failed therapy required
Kazano 12.5-500 & 12.5-1000	2/20/2013		Class 1: at least 1 previously failed therapy required
Oseni all strengths	2/20/2013		Class 1: at least 1 previously failed therapy required
Uceris 9mg ER	2/20/2013		Class 2: at least 2 previously failed therapy required
Pomalyst all strengths	3/20/2013		Class 2: at least 2 previously failed therapy required
Delzicol DR 400mg capsule	3/20/2013		Class 2: at least 2 previously failed therapy required
Kynamro 200mg/mL syringe	3/20/2013		Class 1: at least 1 previously failed therapy required
Fulyzaq 125mg DR tablet	3/20/2013		Class 1: at least 1 previously failed therapy required
Abilify Maintena ER all strengths	3/20/2013		Class 2: at least 2 previously failed therapy required
Signifor ampule All strengths	4/24/2013		Class 1: at least 1 previously failed therapy required

**New Product Prior Authorization Criteria**  
**Class 1 requires treatment failure with at least 1 prior therapy**  
**Class 2 requires treatment failure with at least 2 prior therapies**

## Alaska Medicaid Interim Prior Authorization List

Last Updated 6/26/2013

Medication	Date Added	Date Removed	Additional Notes
Suclear Bowel Prep-Kit	4/24/2013		Class 1: at least 1 previously failed therapy required
Tecidra DR 120mg,240mg,Starter-Pack	4/24/2013		Class 1: at least 1 previously failed therapy required
Invokana 100mg,300mg	4/24/2013		Class 1: at least 1 previously failed therapy required
Celebrex all strengths	5/8/2013		PA Required See website - <a href="http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx">http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx</a>
Daliresp	5/8/2013		PA Required See website - <a href="http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx">http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx</a>
H.Pylori Kits	5/8/2013		PA Required See website - <a href="http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx">http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx</a>
Desvenlafaxine ER 50mg & 100mg (Ranbaxy)	5/22/2013		Class 2: at least 2 previously failed therapy required
Prolensa 0.07% drops	5/22/2013		Class 2: at least 2 previously failed therapy required
Osphena 60mg	5/22/2013		Class 1: at least 1 previously failed therapy required
Topicort 0.25% Spray	5/22/2013		Class 2: at least 2 previously failed therapy required
Diclegis DR 10-10	5/22/2013		Class 1: at least 1 previously failed therapy required
Sod Surface-Sulfur 9-4.5% Wash (Biocomp)	5/22/2013		Class 2: at least 2 previously failed therapy required
Simbrinza 1% - 0.2% drops	5/22/2013		Class 2: at least 2 previously failed therapy required
Sirturo 100mg	5/22/2013		Class 1: at least 1 previously failed therapy required
Namenda XR pack and all strengths	5/22/2013		Class 2: at least 2 previously failed therapy required
Afinitor Disperz 2mg,3mg,5mg	5/22/2013		Class 1: at least 1 previously failed therapy required
Vecamyl 2.5mg	5/22/2013		Class 1: at least 1 previously failed therapy required
Zipsor 25mg	5/22/2013		Class 2: at least 2 previously failed therapy required
Berinert	6/19/2013		PA Required See website - <a href="http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx">http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx</a>
HP Acthar Gel	6/19/2013		PA Required See website - <a href="http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx">http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx</a>
Marinol	6/19/2013		PA Required See website - <a href="http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx">http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx</a>
Noxafil Suspension	6/19/2013		PA Required See website - <a href="http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx">http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx</a>
Rybix ODT	6/19/2013		PA Required See website - <a href="http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx">http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx</a>
Xarelto	6/19/2013		PA Required See website - <a href="http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx">http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx</a>
Tobi Podhaler	6/26/2013		Class 1: at least 1 previously failed therapy required
Liptruzet all strengths	6/26/2013		Class 2: at least 2 previously failed therapy required
Zenzedi all strengths	6/26/2013		Class 2: at least 2 previously failed therapy required
Tretin-X 0.0375% Cream	6/26/2013		Class 2: at least 2 previously failed therapy required
Extended Release Opioid Edit	7/3/2013		See website - <a href="http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx">http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx</a>
Proton Pump Inhibitor step-edit (Revised)	7/3/2013		See website - <a href="http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx">http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx</a>
Bisphosphonates Step-Edit	8/14/2013		See website - <a href="http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx">http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx</a>

## New Product Prior Authorization Criteria

Class 1 requires treatment failure with at least 1 prior therapy  
Class 2 requires treatment failure with at least 2 prior therapies